

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Edna Ruth Ashby.

3. (b) Social Security Number

None.

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
 6. (b) Name of husband or wife Jesse J. Ashby.
 6. (c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) May 16th, 1892
 8. AGE: Years 56 Months 1 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania.
 (Town, county, and state)
 10. Usual occupation House Wife.
 11. Industry or business _____

12. Name Charles U. Edwards.
 13. Birthplace White Sulphur Springs.
 14. Maiden name Carrie Yeager.
 15. Birthplace White Sulphur Springs.

16. Informant Mr. J. J. Ashby.
 Address Oakland, Md.
 17. Burial Date thereof July 3d/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oakland Cemetery
 Location Oakland, Md.

18. Funeral director Samson D. Balder
 Address Oakland, Md.
July 3rd 1948 Julia A. Newar
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 June 1948 at 7:48 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26 July 1946 to 30 June 1948
 and that I last saw her alive on 30 June 1948
 Immediate cause of death Cerebral Hemorrhage DURATION 3 hrs.
 Due to Hypertension
 Due to Myocardial Infarction 52%
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Ed. Phane M.D. M. D. or other _____
Oakland, Md. Address _____ Date signed 6 July 48

RECEIVED
JUL 15 1948
BUREAU V. S.

RECEIVED
JUL 15 1948
BUREAU V. S.

RECEIVED
JUL 15 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md., Rd. #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md., Rd #2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John Lee Bachtel Jr.

3. (b) Social Security Number

none.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single.

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

April 19th, 1932.

8. AGE:

Years

Months

Days

If less than one day

16125

hrs.

min.

9. Birthplace

Oakland, Md.

(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

MOTHER FATHER

12. Name

John Lee Bachtel Sr.

13. Birthplace

Oakland, Md. Rd. #2 Preston co

14. Maiden name

Lena Shaffer.

15. Birthplace

Oakland, Md., RD #2

16. Informant

John Lee Batchel, Sr.

Address

Oakland, Md., RD #2

17.

(Burial, cremation, or removal. Which?)

Date thereof June 17th/48
(month) (day) (year)

Cemetery or crematory

St. Johns Lutheran Cemetery

Location

Red House, Maryland.

18. Funeral director

Emory D. Bolden

Address

Oakland, Md.

19.

(Date rec'd by registrar)

19 48Elmer C. Shaffer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 14 1948 at 9:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

minutes after death 1948
and that I last saw h. _____ alive on _____ 1948

Immediate cause of death

Gun shot wound of head with destruction of brain tissue

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of June 13/48
 Where did injury occur? between Elm St. & Oakland Garrett Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Farm

Means of injury

shot with 12 Gauge

Injured at work?

No

23. SIGNATURE

Ed Samson

M. D. or other

Address

Oakland MdDate signed 6/15/48

RECEIVED

JUN 21 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6218

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garett
 City or town Rural Near Grantsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Noah Brennamon

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Barbara Brennamon

7. Birth date of

deceased (mo., day, yr.)

May 7/1871

B. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

77-25

hrs.

min.

9. Birthplace

Near Bittering Md

(Town, county, and state)

10. Usual occupation

Minister

11. Industry or business

MOTHER FATHER

12. Name

John Brennamon

13. Birthplace

New Germany Md

14. Maiden name

Lydie Beachy

15. Birthplace

R.d. Accident Md

16. Informant

C.E. Bender

Address

Salisbury R.D. I. Pa

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

June-4-1948

(month) (day) (year)

Cemetery or crematory

Maple Glen

Location

Near Grantsville Md

18. Funeral director

Wm Winterberg

Address

Grantsville Md

19.

June 3 1948

19.

Ethel Broadwater

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Garett

City or town

Rural Near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 1

19

48

at

9.30a

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 6

19

45

to

June 1

19

48

and that I last saw him alive on

May 31

19

48

Immediate cause of death

DURATION

Due to

Carcinoma of the Prostate8 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alexander Solosko M.D.

M. D. or other

Address

Salisbury Pa.

Date signed

1/3/48

RECEIVED

JUN 7 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County GarrettCity or town Gorman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 38Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Gorman
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Denton Jaques Butts

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1948 at 4:15P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to June 30 1948and that I last saw him alive on June 30 1948

Immediate cause of death _____ DURATION

Bilateral Bronch. Pneum.Due to InfluenzaDue to Smoking

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Ralph Colandrea M.D. M. D. or otherAddress 127 W. 1st St. Date signed July 1, 486. (b) Name of husband or wife Sarah Jane (Adams) Butts7. Birth date of deceased (mo., day, yr.) Dec. 30, 1864 8. (c) If alive, give age 75 years8. AGE: Years 83 Months 6 Days 0 If less than one day _____ hrs. _____ min.9. Birthplace Cherry Run, Morgan Co., W. Va.
(Town, county, and state)10. Usual occupation Track Foreman-Retired11. Industry or business W. Md. R.R.FATHER 12. Name Joseph Butts13. Birthplace VirginiaMOTHER 14. Maiden name Rose Ann Potter15. Birthplace Virginia16. Informant Mrs. Sarah J. ButtsAddress Gorman, W. Va.17. Burial July 3 1948

(Burial, cremation, or removal. Which?) _____ (month) (day) (year)

Cemetery or crematory St. Clair CemeteryCross, Mineral Co., W. Va.Location Otha F. Sharpless18. Funeral director Blaine, W. Va.

Address _____

19. 7/3 1948 Elmer C. Sheffer

(Date rec'd by registrar) _____ Registrar

RECEIVED

JUL 8 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6220

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alvy Lee Foltz.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife

Loretta Foltz.

7. Birth date of deceased (mo., day, yr.)

May 11th, 1897

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

51113

hrs.

min.

9. Birthplace

Columbia Furnace, Va.

(Town, county, and state)

10. Usual occupation

Wood Foreman.

11. Industry or business

FATHER
MOTHER

12. Name

James E. Foltz.

13. Birthplace

Virginia.

14. Maiden name

Ettie Hottle.

15. Birthplace

Virginia.

16. Informant

Mrs. Loretta Foltz.

Address

Gormanian, W. Va.

17.

Burial

Date thereof

June 27/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Pope Cemetery.

Location

Near Gormanian, W. Va.

19. Funeral director

Address

Emory D. Bolden
Oakland, Md.

19.

6/27
(Date rec'd by registrar)

19

48Julia A. Rowan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

West Va.

County

City or town

Gormanian, W. Va.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

236-03-6185

MEDICAL CERTIFICATION

20. DATE OF DEATH

24 June

19

48

at

11:50A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

26 April

19

48

to

24 June

19

48and that I last saw him alive on 24 June

19

48

Immediate cause of death

Coronary occlusion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Shaver

M. D. or other

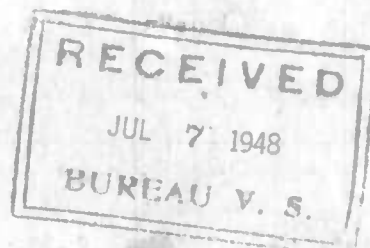
Address

Oakland, Md.

Date signed

27 June 48

Certified Copy



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Yrs.
How long in institution, or street address where death occurred:
Centre St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)

Street No. Centre St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Burton Gough

3. (b) Social Security Number

217-09-8082

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948 at 10:10A M

6. (b) Name of husband or wife Anna Leota (Gustkey) Gough

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1877
6. (c) If alive, give age 66 years

8. AGE: Years 70 Months 5 Days 23
If less than one day
..... hrs. min.

9. Birthplace Bremen, Texas

(Town, county, and state)

10. Usual occupation Retired Miner
Coal Mines

11. Industry or business

12. Name Hiram Gough

13. Birthplace

Emily Henderson

14. Maiden name

15. Birthplace

16. Informant Mrs. Evelyn WinogradAddress Scituate, Mass.BurialDate thereof June 16 1948

(Burial, cremation, or removal, Which?)

Cemetery or crematory Nethken Hill CemeteryElk Garden, W.Va.

Location

18. Funeral director Otha F. SharplessAddress Blaine, W.Va.

19. June 15 1948 AM Registrar
(Date rec'd by registrar)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 7 1948 to June 14 1948
and that I last saw him alive on June 14 1948

Immediate cause of death

Ischemic Heart Disease

DURATION

1 day

Due to

Cerebral hemorrhage withDue to left ventricular failure

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

2. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

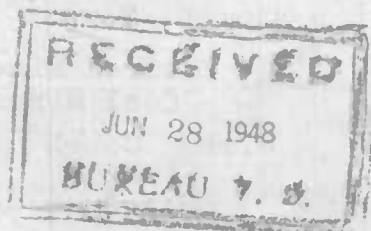
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ralph Calandella M.D.
Address Kitzmiller, Md. Date signed June 15-48
M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County... Garett
 City or town... R.D Accident Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 50 Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Garett
 City or town... Rural Near Accident
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Carline Kolb

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Henry Kolb

7. Birth date of

deceased (mo., day, yr.)

May -24 1858

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

90-7

hrs.

min.

9. Birthplace

Accident Md Garrett CO

(Town, county, and state)

10. Usual occupation

House Work

11. Industry or business

FATHER

12. Name

John George

13. Birthplace

Not Known

MOTHER

14. Maiden name

Catherine Simon

15. Birthplace

Germany

16. Informant

Melchor Kolb

Address

R.d. Accident Md

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof... 6-4-1948

(month) (day) (year)

Cemetery or crematory

Accident

Location

Accident Md

18. Funeral director

Address

Grantsville Md

19.

June 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948Ethel BroadwaterJune 3 1948

MEDICAL CERTIFICATION

2D. DATE OF DEATH... June 2nd 19. 48, at... 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 22nd 19. 48 to June 2nd 19. 48and that I last saw her alive on June 22 19. 48

Immediate cause of death

Cerebral hemorrhage

DURATION

1 hourDue to... Arteriosclerosis5 years

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

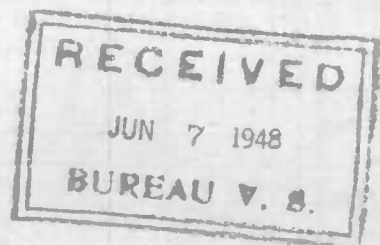
23. SIGNATURE.....

Melchor Kolb M.D.

M. D. or other

Address.....

Friendsville, Md.Date signed June 3, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County GarrettCity or town Rural, Gorman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Several Years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Near Gorman
(If outside city or town limits, write RURAL and give nearest town)Street No. Backbone Mt. Pt., Gorman, W. Va.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Agnes Shillingburg Kuhn.

3. (b) Social Security Number

None.

4. Sex

Female

5. Color or race

White

B. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife William Summers Kuhn.Deceased.

5. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

6-21-1870

8. AGE:

Years

Months

Days

If less than one day

771124

hrs.

min.

9. Birthplace Mt. Storm, W. Va.
(Town, county, and state)10. Usual occupation House wife.

11. Industry or business

12. Name Lewis Driden Shillingburg.13. Birthplace Criders, W. Va.14. Maiden name Sara Mowmow.15. Birthplace Criders, W. Va.16. Informant Mrs. Cecelia Silfies.Address Fredericktown, Pa. R.D. #1.17. Burial Date thereof June 16/48.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview Cemetery.Location Near Table Rock, Md.18. Funeral director Emory D. BoldenAddress Catland, Md.19. 6/21/48 Elmer C Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P. M.

20. DATE OF DEATH June 18th, 1948, at 10:00 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased onJune 11 1948, to 19and that I last saw her alive on 6/11/48Immediate cause of death Shock & cerebralhemorrhage.

DURATION

3 daysDue to Exposure - being lostall nightDue to Senility & arteriosclerosis5 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller M.D.Address Eaton, W. Va. Date signed 6/17/48

MARGIN RESERVED FOR BINDING

9-45-15M

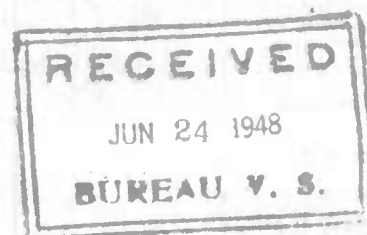
VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of age is especially important. Physicians: please write the causes of death clearly and legibly.

6223

830

7-17-43
1948-6-13
77-11-24
1870-6-21



PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6224

93d

166

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County GarrettCity or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ida May Lee

3. (b) Social Security Number

.....

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Widowed</u>

8. (b) Name of husband or wife Joseph Lee7. Birth date of deceased (mo., day, yr.) August 29, 1859

6. (c) If alive, give age. years

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>8</u> hrs. min.

9. Birthplace Garrett Co., Md.

(Town, county, and state)

10. Usual occupation House Wife11. Industry or business Own Home12. Name Samuel Engle13. Birthplace Penna.14. Maiden name Catherine Hoyer15. Birthplace Garrett Co., Md.16. Informant Miss Nellie LeeAddress Mt. Lake Park, Md.17. Burial Date thereof June 8, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland CemeteryLocation Oakland, Maryland.18. Funeral director Herbert C. ReightonAddress Oakland, Maryland.19. June 8, 1948 Julia A. Rawan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 19 48 at 5:20A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27 19 46 to June 6 19 48and that I last saw him alive on June 6 19 48Immediate cause of death Coronary occlusion

DURATION

Due to Enteric & Acute Heart Disease 10 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE A. S. Thomas M. D. or otherAddress Oakland, Md. Date signed 6/8/48

RECEIVED

JUL 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6225

168

1. PLACE OF DEATH:

County Garnett
 City or town Fangel Road
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life Time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind. County Garnett
 City or town P. O. No 2 Frothing Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fangel Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Ida Agnes Mc Kenzie

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Alban Mc Kenzie

7. Birth date of deceased (mo., day, yr.)

Dec. 27-1880

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

6759hrs.min.

9. Birthplace

Garnett Co. Pa.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Wm. Bruce

13. Birthplace

Pa.

MOTHER

14. Maiden name

Lucinda Mc Kenzie

15. Birthplace

P. O. No 2 Garnett Co. Ind.

16. Informant

Phoebe Mc Kenzie

Address

Frothing, Ind. P. O. No 2

17. Burial

Burial

Date thereof

6-19-1948
(month) (day) (year)

18. Comolory or crematory

St. Michael's Care

Location

Frothing, Ind.

19. Funeral director

Joseph Weber

Address

Frothing, Ind.

19. Date rec'd by registrar

June 18 48Michael

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 2:49 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 1945 to June 16 1948and that I last saw him alive on May 31 1948

Immediate cause of death

Carcinomaof CervixDue to generalcarcinomatous

Other condition

DURATION

3 yrs4 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Wm Lane MDAddress Frothing, Ind.Date signed 6-18-48

RECEIVED

JUN 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6226

168

1. PLACE OF DEATH:

County Garrett
 City or town Frostburg R.D. 2
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Frostburg R.D. 2
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bert Ervin Minick

3. (b) Social Security Number

213-22-4210

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Edna Minick

7. Birth date of deceased (mo., day, yr.)

Sept. 29th, 1895.

6. (c) If alive, give age _____ years

8. AGE:

52 Years8 Months12 Days

If less than one day

hrs.

min.

9. Birthplace

Frostburg
(Town, county and state)

10. Usual occupation

Miner

11. Industry or business

Coal mines

MOTHER FATHER

12. Name

Edna Minick

13. Birthplace

Garrett County

14. Maiden name

Lily M. [unclear]

15. Birthplace

Pennsylvania

16. Informant

Mrs Edna Minick

Address

R. D. 2 - Frostburg, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

June 14 '48

Cemetery or crematory

St. Michael's

Location

Frostburg, Md.

18. Funeral director

J. R. Overst

Address

Frostburg, Md.

19.

Date rec'd by registrar

June 13 1948 Mrs. Julius Michael

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 111948 at 3:30a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 15 1948 to June 11 1948and that I last saw him alive on June 4 1948

Immediate cause of death

Exhaustion & Hypertension

DURATION

1 week

Due to

Cerebral Septicemia

Due to

Other conditions

Left side Hemiplegia
due to Metabolism in March 2 yrs
(Include pregnancy within 3 months of death)

Major findings of operations

Cerebral Septicemia
with Abscess in brain Date of op. May 1-48

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

J. Allen E. Murray

M. D. or other

Address

Cumberland Md. Date signed June 11

-48

RECEIVED

JUN 15 1948.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County... **Garrett.**City or town... **Swanton.**
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rosa Galia Rhodes.

4. Sex 5. Color or race 6. (a) Single, married, or divorced

Female White Married.6. (b) Name of husband ~~XXXX~~ **Arthur Rhodes.**

8. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) **April 11, 1891.**8. AGE: Years **57** Months **2** Days **11** If less than one day
hrs. min.9. Birthplace **Elk Garden, W. Va.**
(Town, county, and state)10. Usual occupation... **Housewife.**

11. Industry or business

12. Name **John C. Buckalew.**13. Birthplace **Terra Alta, West Va.**14. Maiden name **Martha Shaffer.**15. Birthplace **Terra Alta, West Va.**16. Informant **Arthur Rhodes.**Address **Swanton, Maryland.**17. **Burial** Date thereof **6-30-1948.**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **George Cemetery.**Location **Swanton, Maryland.**18. Funeral director **W. Harold Fredlock**Address **Piedmont, West Va.**19. **6/30/48** **Julia A. Roan**
(Date rec'd by registrar) (month) (day) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland.** County... **Garrett.**City or town... **Swanton.**
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 27, 1948.** 19... at **4:30A.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 19. 46 to **June 27 19. 48**
and that I last saw her alive on **June 27 19. 48**Immediate cause of death **Cerebral arteriosclerosis** DURATION **3 yrs**Due to **Generalized arteriosclerosis** **10 years**

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE **James W. Hunter, Jr. M.D.** M. D. or other
Address **Piedmont W. Va.** Date signed **6-28-48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Jackson
Chavez try to show

RECEIVED
JUL 15 1948
BUREAU V. S.

primary history

AA
6/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 6228 161

1. PLACE OF DEATH:

County Garrett
City or town Accident, Md. R. F. D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Addison R. F. D.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lucy Etta Riley

3. (b) Social Security Number

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Edward M. Riley</u>		
6. (c) If alive, give age <u>59</u> years		
7. Birth date of deceased (mo., day, yr.) <u>December 25, 1888</u>		
8. AGE: Years <u>59</u>	Months <u>5</u>	Days <u>28</u> If less than one day hrs. min.

9. Birthplace Markleton, Penna.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER	12. Name <u>Curtiss Freemont Weyant</u>
	13. Birthplace <u>Unknown</u>
MOTHER	14. Maiden name <u>Joanna Harbough</u>
	15. Birthplace <u>Penna.</u>

16. Informant Mrs. Dale E. Reese
Address Friendsville, Md. R. F. D.

17. Burial Date thereof 6/26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Addison Cemetery
Location Addison, Pa.

18. Funeral director H. B. Rishbarger
Address Addison, Pa.

19. June 24, 48 Kathryn J. Tike
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 2, 1947 to June 23, 1948
and that I last saw her alive on May 15, 1948

Immediate cause of death
Cancer of Stomach DURATION ?

Due to ?

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE St. J. Glover M.D. M. D. or other

Friendsville, Md. Date signed 8-2-48
Address

SEE Film No 9 117 - 8-23-48
ABOUT DIFFERENCE IN DATE
OF DR.'S SIGNATURE

RECEIVED
AUG 18 1948
BUREAU V. S.

RECEIVED
AUG 18 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6229

Reg. Dist. No. 167

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Md., Route #2.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Oakland, Md., Route #2.
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Oscar C. Roth,

3. (b) Social Security Number

None.

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married.
6.(b) Name of husband or wife Susan Bittner Roth.
7. Birth date of deceased (mo., day, yr.) March 2d, 1873.
6.(c) If alive, give age 72 years
8. AGE: Years 75 Months 12 Days 0 If less than one day
hrs. min.

9. Birthplace Oakland, Md. Route #2.
(Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business

12. Name Henry Wm. Roth.
13. Birthplace Preston County, W. Va.

14. Maiden name Susan Charlotte Hopkins.
15. Birthplace Preston County, W. Va.

16. Informant Mrs. Susan Roth.
Address Oakland, Md. Route #2.

17. Burial Date thereof June 4th/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. John's Cemetery.

Location Red House, Md.

18. Funeral director Emory D. Bolden
Address Baltimore, Md.

19. 6/9/48 Elmer C Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH June 2d, 1948 at 9:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to June 2nd 1948 and that I last saw him alive on June 1st 1948

Immediate cause of death Acidosis, (uremic?) DURATION 24 hrs.

Due to Cerebral Thrombosis with infarct 3 days

To Susannah

Due to Prolonged illness, bronchiectasis, 8 yrs.

And diverticulitis of colon 8 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Harold C. Miller, M.D. M. D. or other

Address Exton, W. Va. Date signed 6/4/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Mt. Lake Park Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2- months
 Hospital, institution, or street address where death occurred:
Kiser Nursing Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland. County Garrett
 City or town Gorman.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Laura Cornelia Shrout

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife William S. Shrout
 7. Birth date of deceased (mo., day, yr.) October, 24, 1859 6.(c) If alive, give age _____ years
 8. AGE: Years 88 Months 7 Days 23 If less than one day _____ hrs. _____ min.

8. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Peter Miller
 13. Birthplace Virginia
 14. Maiden name Julia Seabright
 15. Birthplace Virginia

16. Informant Mrs. Mildred Paugh
 Address Piedmont. W.VA.

17. Burial Date thereof June-20- 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Queen Point Cemetery
 Location Keyser, Mineral Co. W.VA.

18. Funeral director Ellsworth S. Boal

Address Westernport Md.
6-20- 19 48 Julia A. Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June. 17, 1948 19 _____ at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April, 20, 19 48 to June 17, 19 48
 and that I last saw him alive on June 17, 19 48

Immediate cause of death _____ DURATION _____
Chronic Nephritis. Arthritis of feet
and ankles, Heart attach.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

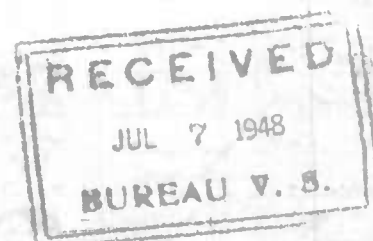
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edward E. Sollars Edward E. Sollars
 _____ M. D. or other _____

Address Deer Park, Md. Date signed 6/24/48



Mr. Hedrick.

I signed the certificate
for Doctor Greene with
his permission.

Doctor has been sick
and is so nervous he
can not hold the pen.
well enough to write
so it could be signed

Julia A. [unclear]
Local Registrar

